

treatment of a sprained wrist by intelligent manipulation, then it is for him to palpate that wrist in his effort, to determine the amount of injury to the joint, and if the physician's education and training makes him eminently fitted to diagnose the condition, it most certainly marks him, and not the masseur, as the man to treat it, and this applies to any case in which manual therapy would be of service.

As regular practitioners we have no contention as to the value of the manual method, but it is a source of annoyance to us that it has fallen into irregular channels and is used as an exclusive system. But let us not, on this account, drop such a valuable adjunct from our therapeutic column. If we had followed this plan in every case where some sect had seized upon a portion of our treatment resources and announced a new "pathy," we would by this time have been left with but a meager list from which to choose our methods of treatment. We should not be dismayed by these exclusionists who endeavor to appropriate our treatment assets by nicking off a corner here and breaking off a piece there; but let us determine to overthrow these irregular classes by a better, more intelligent, scientific and general use of the methods which they are endeavoring to wrest from our grasp. If every item in our entire therapeutic list were taken up by the profession and thoroughly taught, studied and practiced, I believe that these irregular chips off the old block would soon pass into the history of medicine.

My solution of the problem under consideration you have heard in what has already been said, but in conclusion allow me to emphasize the main thought by a brief repetition. Let us stop assigning our patients to laymen for treatment. Let the profession personally utilize every legitimate and worthy therapeutic measure. Then let it be generally known that there is always opportunity for patients to receive any recognized treatment within the ranks of regular medicine. When these things have come to pass we will see a great host of irregulars looking for a job.

#### SARCOMA: TEN FEET OF INTESTINE REMOVED.

Mr. H., age 22. Family and personal history negative. In August, 1905, noticed something wrong with abdomen, but paid no attention to the slight discomfort. Examination February, 1906. Painful, movable tumor at right of umbilicus. No constitutional disturbance. A few days later the tumor was on the left side.

February 26, 1906, I made an incision, exploratory or operative, and a nodular tumor mass presented in the mesentery of the small intestine. The mass was necrotic in places. The tumor was as large as two fists. The mesentery for several feet along the intestine was greatly thickened. The tumor extended quite to the posterior wall of the abdomen. The peritoneum was dissected from the posterior part of the tumor and a large branch of the superior mesenteric artery was ligated. The mesentery was then divided out to the intestine at right angles after making a double row of ligatures on each side of each divide. The tumor was then dissected loose and with the mesentery roller out of the wound. The cut edges of the mesentery were approximated with catgut. The intestine was divided in the jeju-

num and about six inches from the ileocecal valve. The ends were anastomosed with a Murphy button. Before dropping the intestine containing the button into the abdomen, all the exposed surfaces were bathed with a 1:500 solution of succinic dioxide. One quart of normal salt solution was left in the abdomen and one pint administered subdermally.

Patient put to bed and cracked ice ordered for thirst. Opiates for pain. No vomiting followed. On fifth day patient drank milk. On eighth day enema gave good result, all enemata previously having failed. Button passed at the end of the sixteenth day.

The microscope showed the tumor to be a spindle called sarcoma. The tape showed that we had removed ten and one-half feet of the small intestine.

September 28, 1906, seven months later, the man is apparently well and says he feels in perfect health. He eats what he likes and has no trouble with his bowels. The patient weighed 125 pounds and was short in stature. Of course we could not measure the intestine that remained, but it appeared shorter than that removed.

H. R. MARTIN, M. D.

#### A CORRECTION.

To the Editor of the State Journal: Unfortunately, an error has inadvertently occurred in my paper in the "State Journal" of September. It was stated that the "American Journal of Dermatology and Genito-Urinary Diseases" was divided into two periodicals. This should have been "The Journal of Cutaneous and Genito-Urinary Diseases," for it was the latter journal which was divided into two periodicals, one becoming The Journal of Cutaneous Diseases, exclusively devoted to skin affections, and the other, The American Journal of Urology, which became the official organ of the National Urological Association.

Respectfully yours,

M. KROTOSZYNER.

#### COUNTY SOCIETIES.

##### SACRAMENTO COUNTY.

The regular monthly meeting of the Sacramento Society for Medical Improvement was held October 16, 1906, at the office of Dr. W. E. Briggs, President Wright in the chair.

Present: Drs. Bramhall, W. A. Briggs, W. E. Briggs, Cox, Culver, Dufficy, Fay, Hanna, Hart, Hatch, Henderson, Henrikson, Hesser, James, Look, McGavren, McKee, Parkinson, Pitts, Poore, G. L. Simmons, S. E. Simmons, Sutliff, Twitchell, G. A. White, Wilder and Wright. Visitors: Drs. Barr of Marysville, and Turner of Sacramento.

Minutes of the preceding regular meeting read and approved. A communication was received from the Secretary of the State Society, urging that the committee to act with the legislators from this Senatorial district be appointed at once, and saying that the matter of delaying such appointments until after election, as suggested by this Society at its last meeting, was out of his hands as, under directions from the President of the State Society, about one-half of these committees had already been appointed.

It was duly moved, seconded and carried that the Secretary of this Society be instructed to notify the Secretary of the State Society that the Sacramento Society would furnish the list of names from which its committee is to be appointed at its next regular meeting, which will be after election.

Report of cases: Dr. W. A. Briggs reported a case of furuncle of the scalp treated by the Bier method and followed by a general pyemia. Dr. A. M. Henderson reported a case of carbuncle of the back treated by free crucial incision and curettment and followed by a general pyemia. A discussion followed and became general on methods of treatment of such infections.